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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Disclaimer

The views expressed in this training do not necessarily represent the views, policies, and positions of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS).

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Tobacco Use and Treatment for Smokers with Mental Health Diagnoses

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DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Anything can be dangerous, so what's so special about cigarettes?

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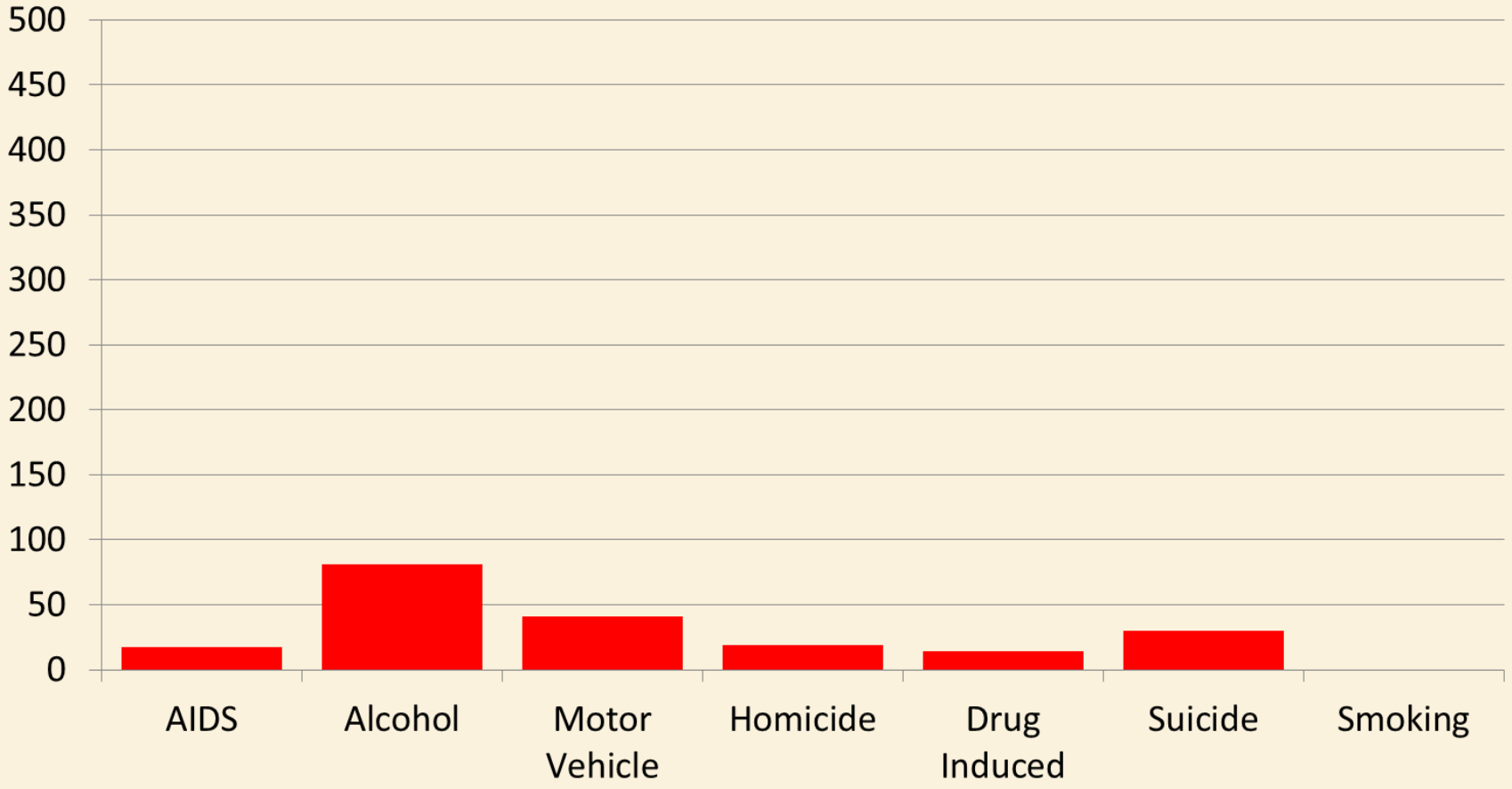
Comparative Causes of Annual Deaths in the U.S.

(In Thousands of Deaths)



Centers for Disease Control, Tobacco Information and Prevention Source (TIPS) 2000.

Comparative Causes of Annual Deaths in the U.S.

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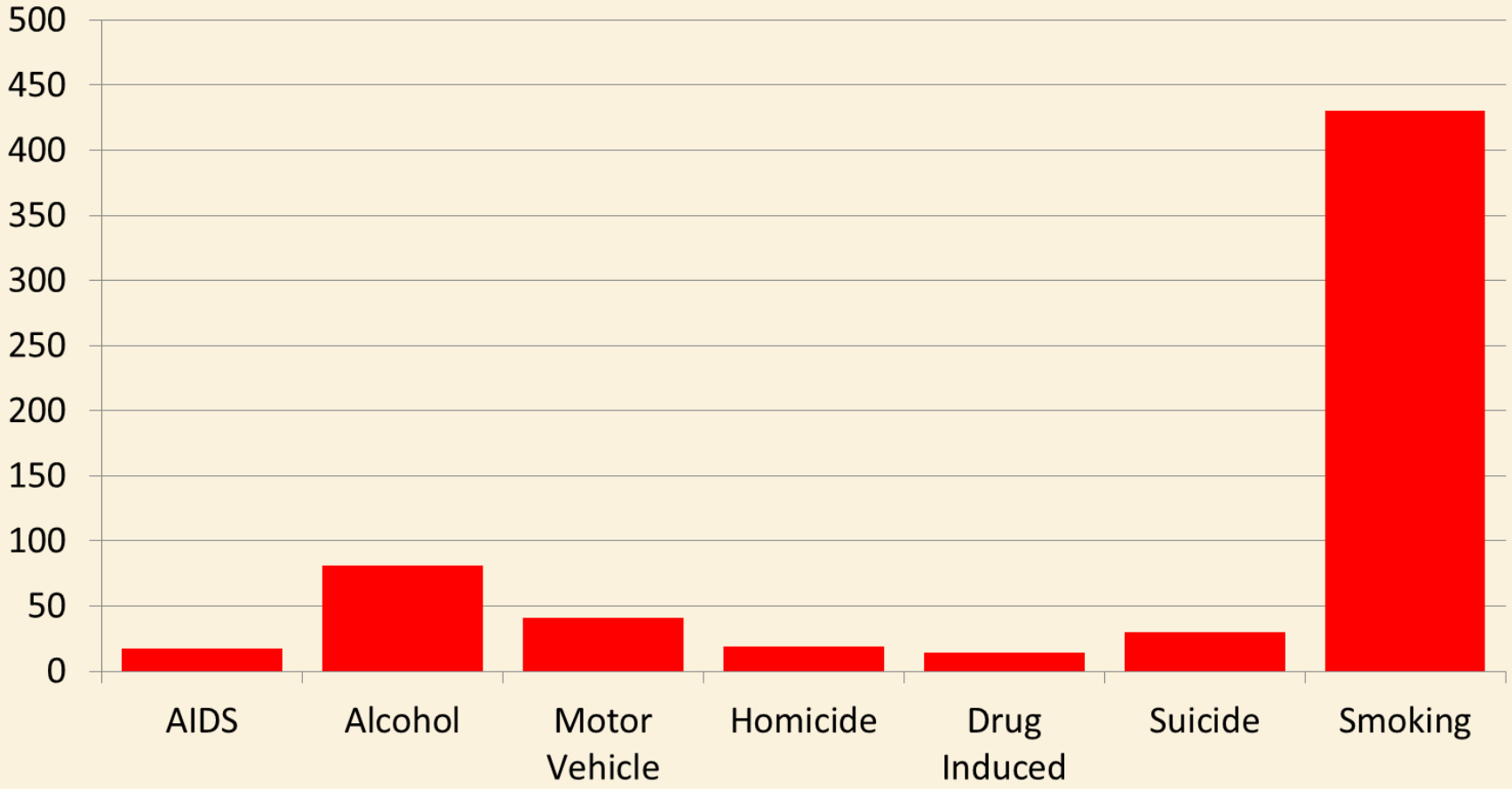

Centers for Disease Control, Tobacco Information and Prevention Source (TIPS) 2000.

Tobacco use kills more than the equivalent of three Boeing 747 Jumbo jet crashes / day

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Smokers with Mental Illness?

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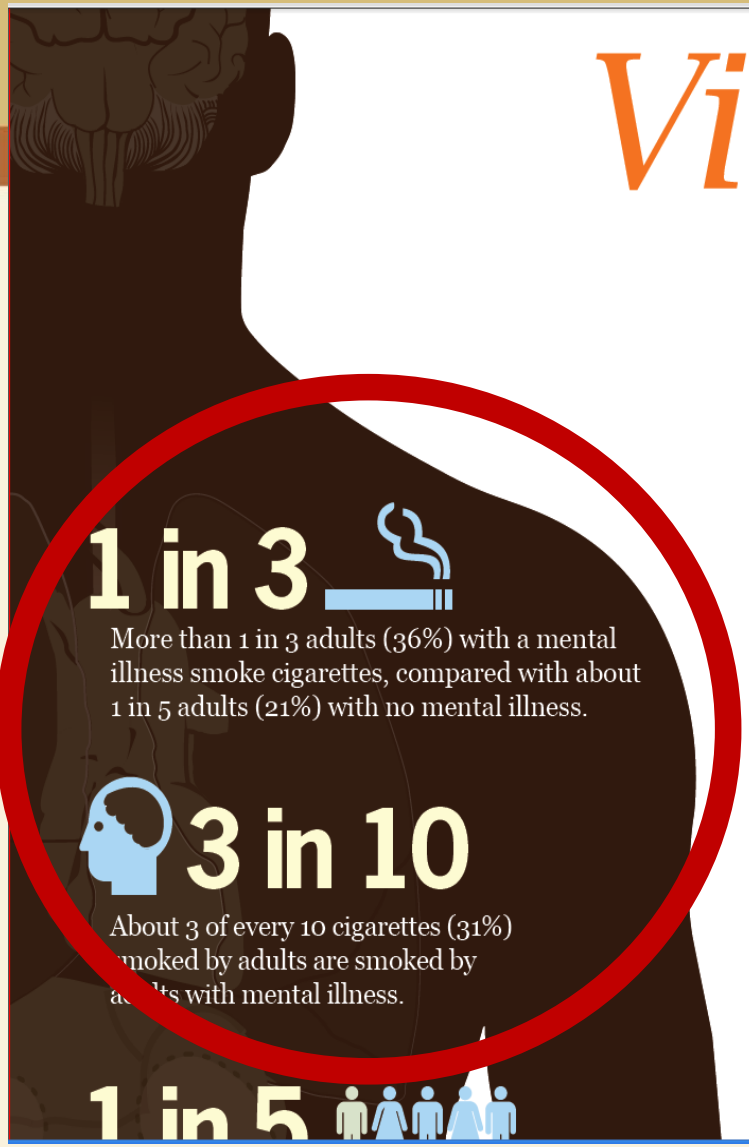

CDC Vitalsigns™

February 2013

Adult Smoking

Focusing on People with Mental Illness

Cigarette smoking is the leading preventable cause of disease, disability, and death in the US. Despite overall declines in smoking, more people with mental illness smoke than people without mental illness. Because many people with mental illness smoke, many of them will get sick and die early from smoking.

Recent research has shown that, like other smokers, adults with mental illness who smoke want to quit, can quit, and benefit from proven stop-smoking treatments. Some mental health providers and facilities have made progress in this area, while others are now beginning to address tobacco use. The 2006 Surgeon General's

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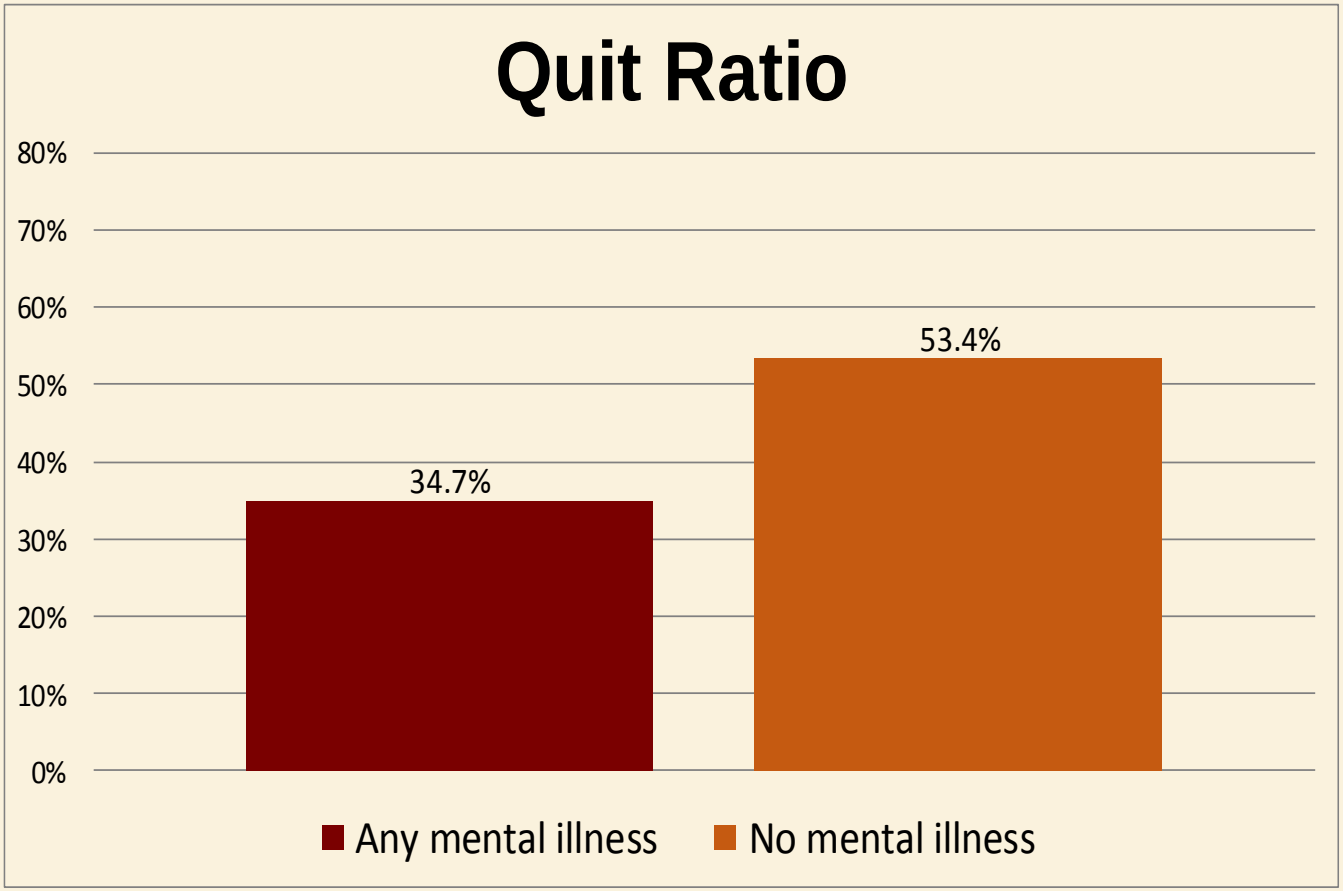

Centers for Disease Control, MMWR, 2013

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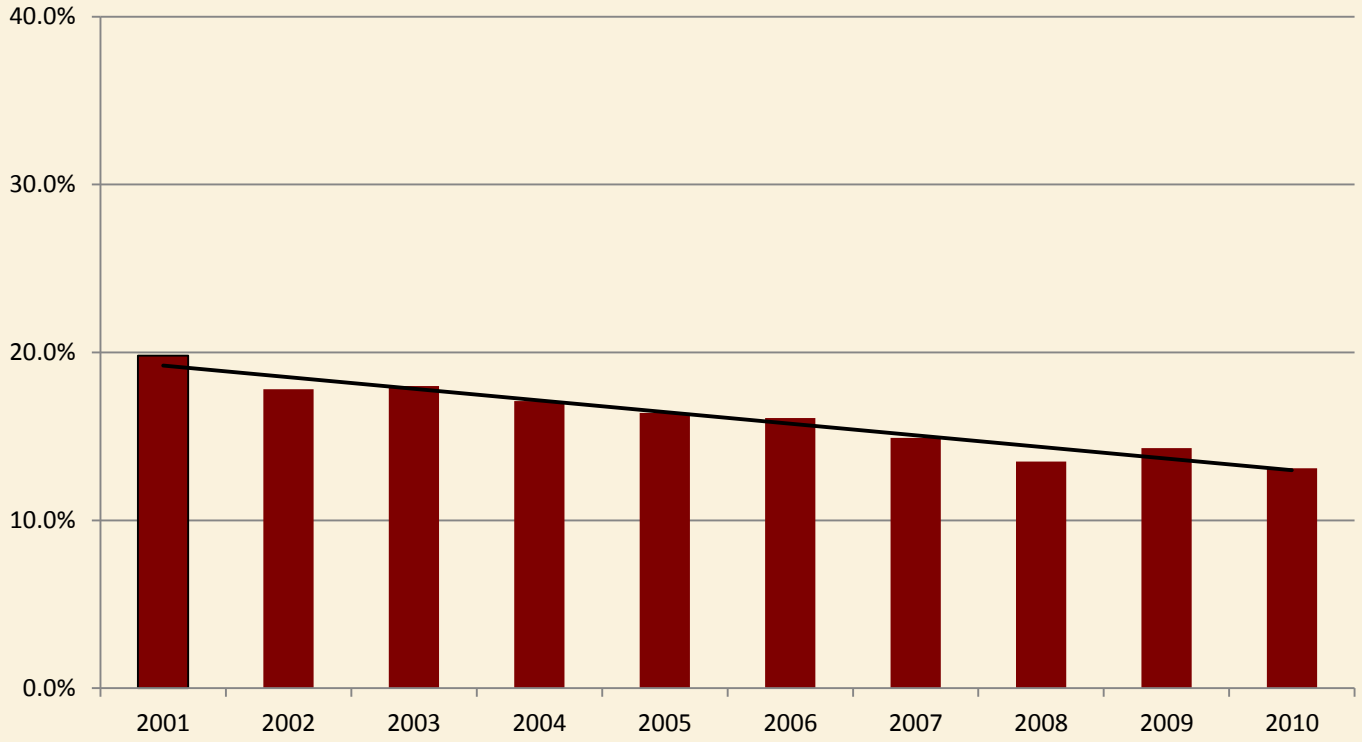
Smoking prevalence in New Jersey for those reporting good mental health 2001 – 2010



Steinberg ML**,** Williams JM, Li Y. Poor mental health and reduced decline in smoking prevalence. *Am J Prev Med*. 2015;49(3):362-369. doi:10.1016/j.amepre.2015.01.016

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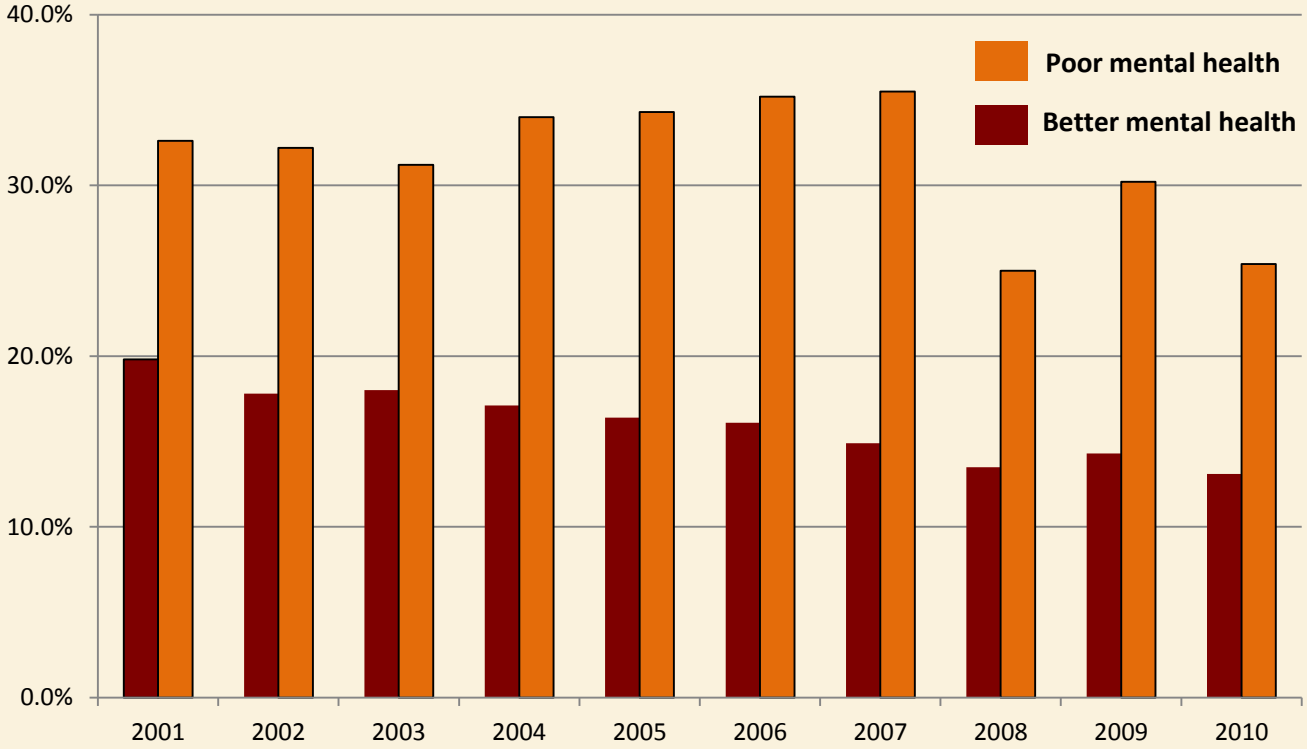
Smoking prevalence in New Jersey for those reporting good mental health 2001 – 2010



Greater smoking prevalence was found in those with poor mental health as compared to those without poor mental health, after adjusting for age, sex, race, income, and education (*OR* = 2.001 [95% CI: 1.836 – 2.181], $p < 0.0001$).

Steinberg ML**,** Williams JM, Li Y. Poor mental health and reduced decline in smoking prevalence. *Am J Prev Med*. 2015;49(3):362-369. doi:10.1016/j.amepre.2015.01.016

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Isn’t smoking the least of their problems?!?

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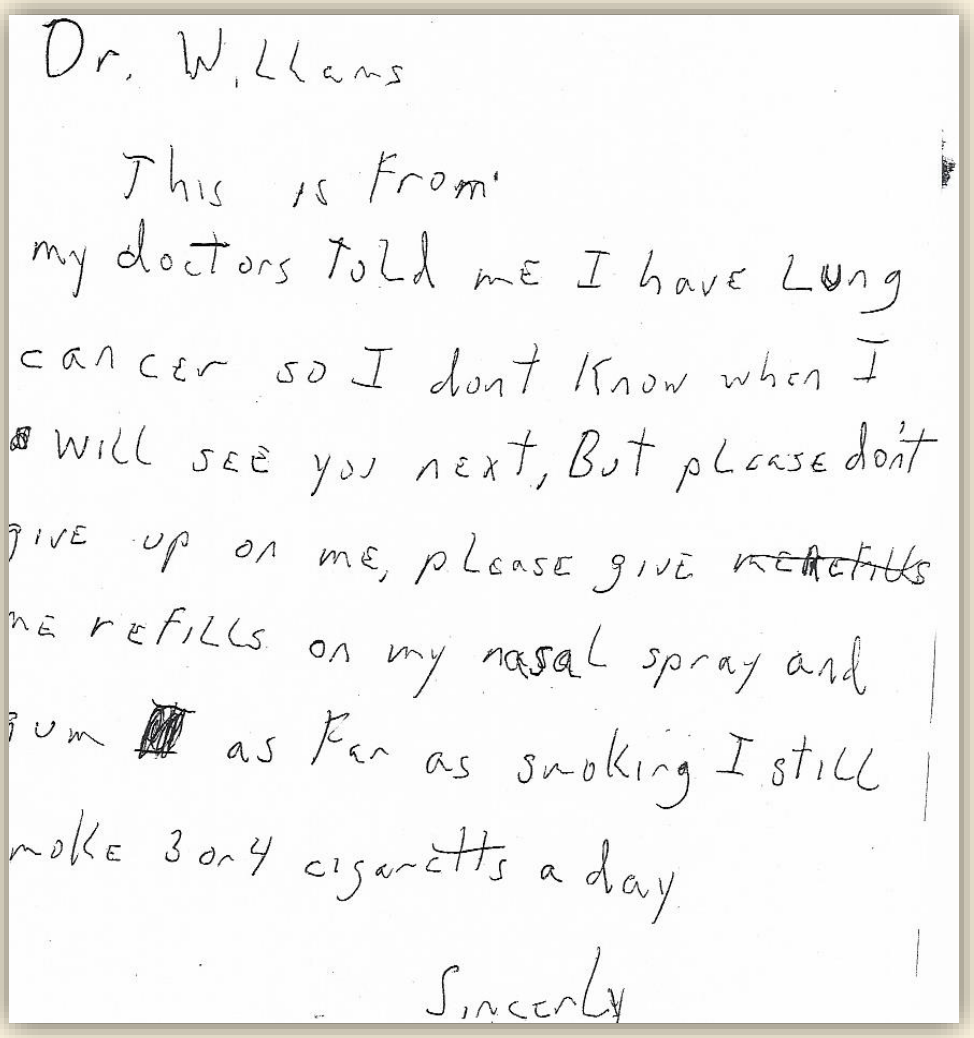
Dr. Williams

This is from
my doctors told me I have Lung
cancer so I dont know when I
will see you next, But please don't
give up on me, please give ~~refills~~
me refills on my nasal spray and
gum as far as smoking I still
smoke 3 or 4 cigaretts a day

Sincerly

Fewer than 15% of people with stage 3 lung cancer live 5 years

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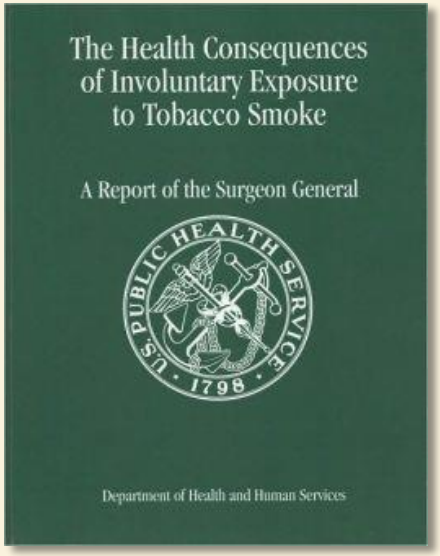
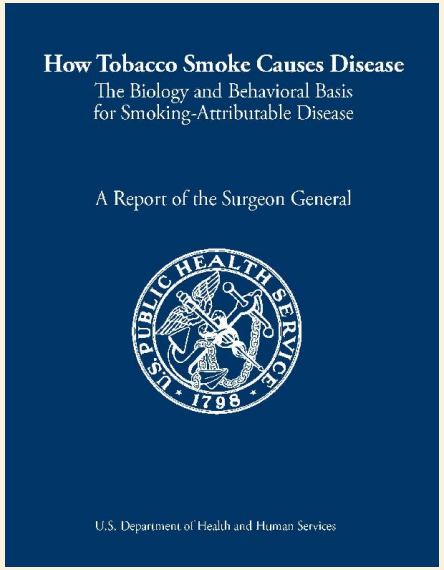
Negative Consequences (Physical Health)





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People with SMI die several years earlier than the general population.[1]

- Compared to non-smokers with schizophrenia, smokers with schizophrenia experience up to 12 times the risk of cardiac-related death.[2]

- Compared to those without SMI, cancer incidence is 2.6X higher in those with schizophrenia and bipolar disorder.[3]

1. Forman-Hoffman et al., 2014. CBHSQ Data Review. Retrieved from http://www.samhsa.gov/data/sites/default/files/CBHSQ-DR-C11-MI-Mortality-2014/CBHSQ-DR-C11-MI-Mortality-2014.pdf
2. Kelley et al., 2011. Schizophrenia Bulletin, 37(4), 832-38.
3. McGinty et al. 2012. Psychiatric Services, 63(7):714-7, 2012.

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Negative Consequences (Medications)

- Increases metabolism of some medications
  - Induces the hepatic microsomal enzymes P450 system
    - Specifically the 1A2 isoenzyme is increased secondary to polynuclear aromatic hydrocarbons
  - Greater medication doses and side effects

- Nicotine (including NRT) does not change medication blood levels

Negative Consequences (Finances)

27% of public assistance income for cigarettes

Steinberg, Williams, Ziedonis, (2004). *Tob Control*;13(2),206.

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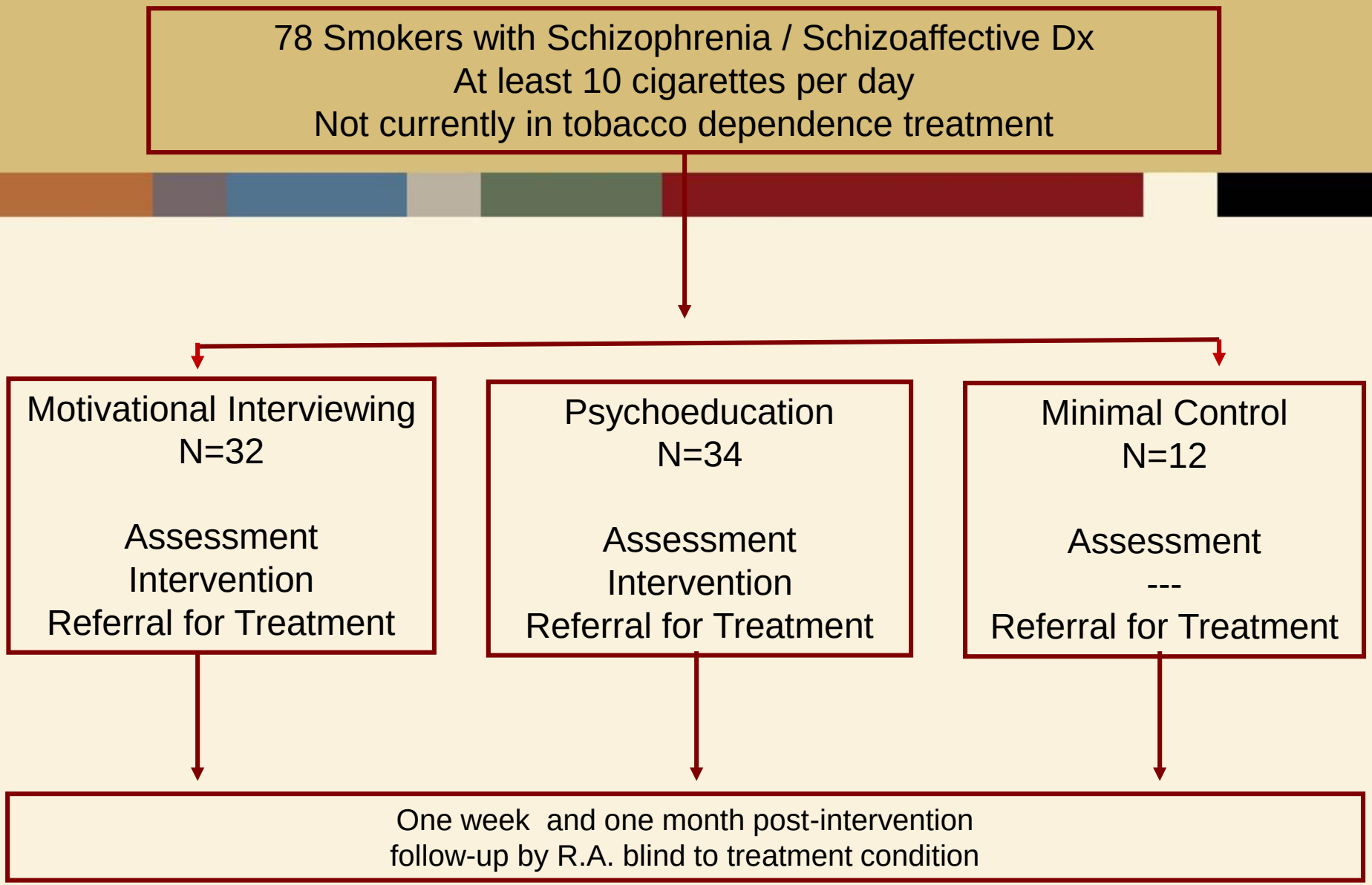
Negative Consequences (Stigma)

- Tobacco use is stigmatized
- Poor mental health is stigmatized



Steinberg ML, Ziedonis DM, Krejci JA, Brandon TH. (2004). Motivational Interviewing With Personalized Feedback: A Brief Intervention for Motivating Smokers With Schizophrenia To Seek Treatment for Tobacco Dependence. *Journal of Consulting & Clinical Psychology,* 72(4), 723-728.

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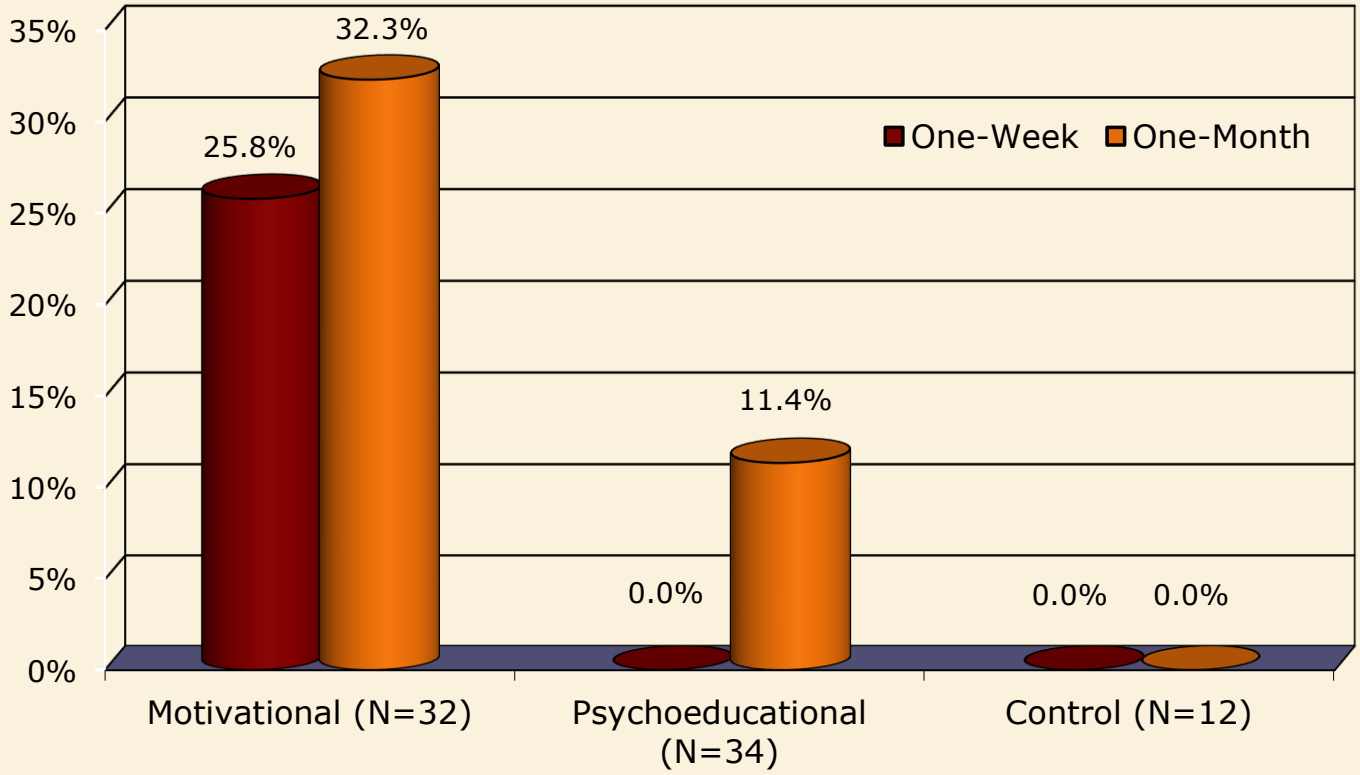

Figure 1. Percentage of participants receiving each intervention following up on referral to tobacco dependence treatment at one-week and one-month post-intervention

Steinberg ML, Ziedonis DM, Krejci JA, Brandon TH. (2004). Motivational Interviewing With Personalized Feedback: A Brief Intervention for Motivating Smokers With Schizophrenia To Seek Treatment for Tobacco Dependence. *Journal of Consulting & Clinical Psychology,* 72(4), 723-728.

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An Adaptation of MI Increases Quit Attempts in Smokers With Serious Mental Illness

(follow-up study: similar design as previous)

- MI vs. Interactive Education (N = 98)
  - Enhanced educational control group
  - Dropped minimal control
  - Included Schizophrenia, Schizoaffective, Bipolar
- Carefully evaluated treatment integrity
- Evaluated treatment seeking and quit attempts

Funded by National Institute on Drug Abuse (K23DA018203)

Steinberg, M.L., Williams, J.M., Stahl, N.F., Dooley-Budsock, P., Cooperman N.A. (2016). An adaptation of motivational Interviewing increases quit attempts with serious mental illness. *Nicotine & Tobacco Research, 18(3),* 243-250.

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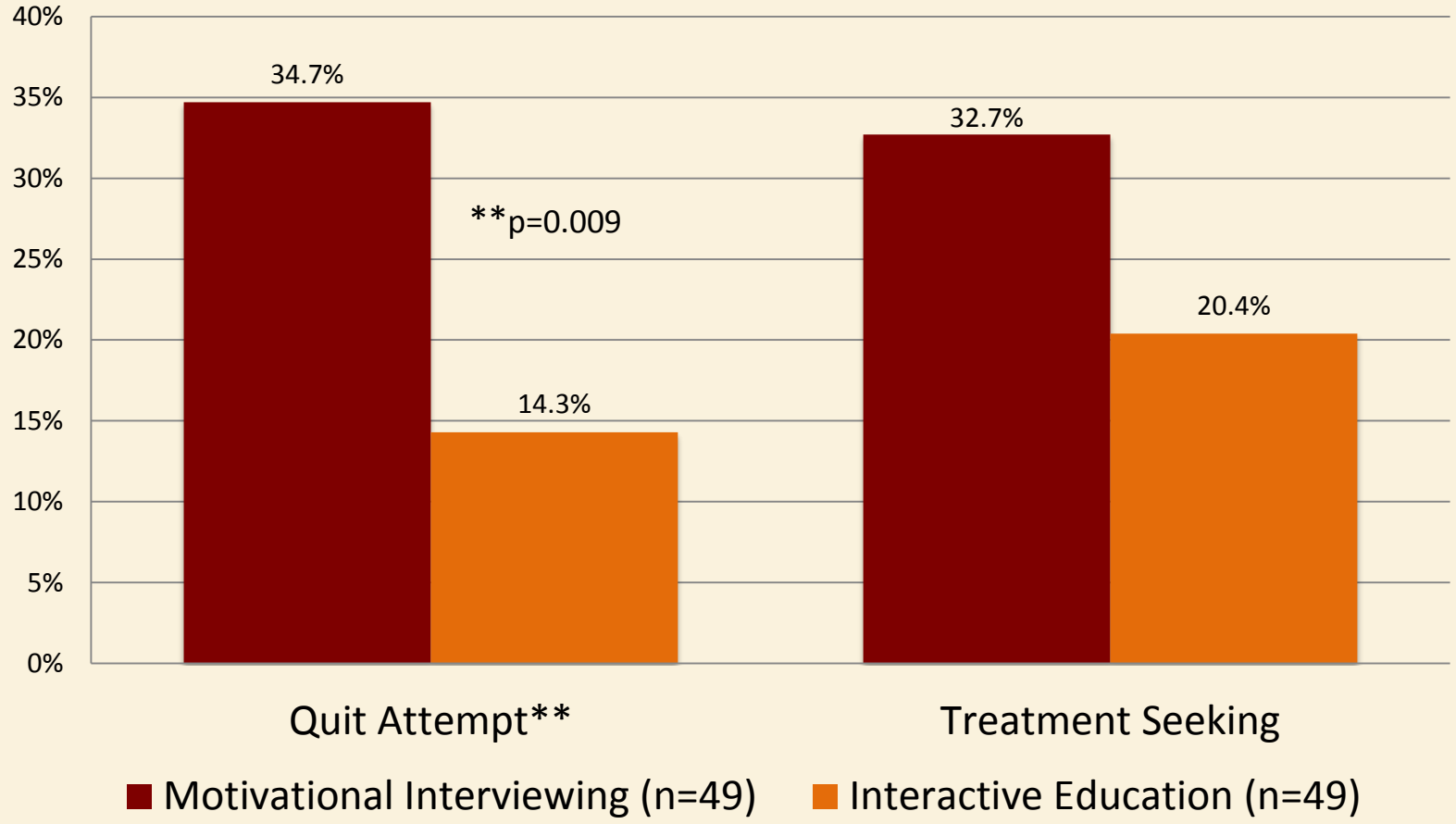
Motivational Interviewing produced more quit attempts, but not greater formal treatment seeking



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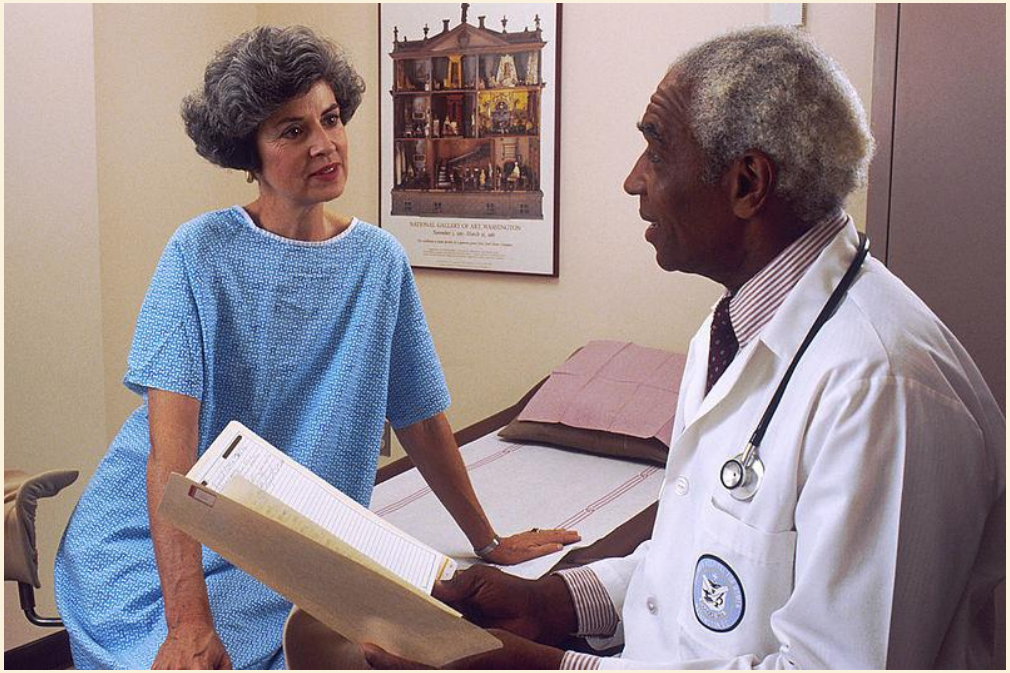
Clinical Implications

- MI appears to be a better strategy than more commonly utilized techniques
- Indicates this population can benefit from brief interventions
- Should offer brief interventions to engage in treatment and initiate quit attempts

What about those not interested in quitting?

- Discuss tobacco regularly with all smokers
- Motivational Interviewing
  - Increase desire to quit and self-efficacy
  - Build motivation for later
- Use *Learning About Healthy Living* manual

What you fail to say sends a powerful message too.



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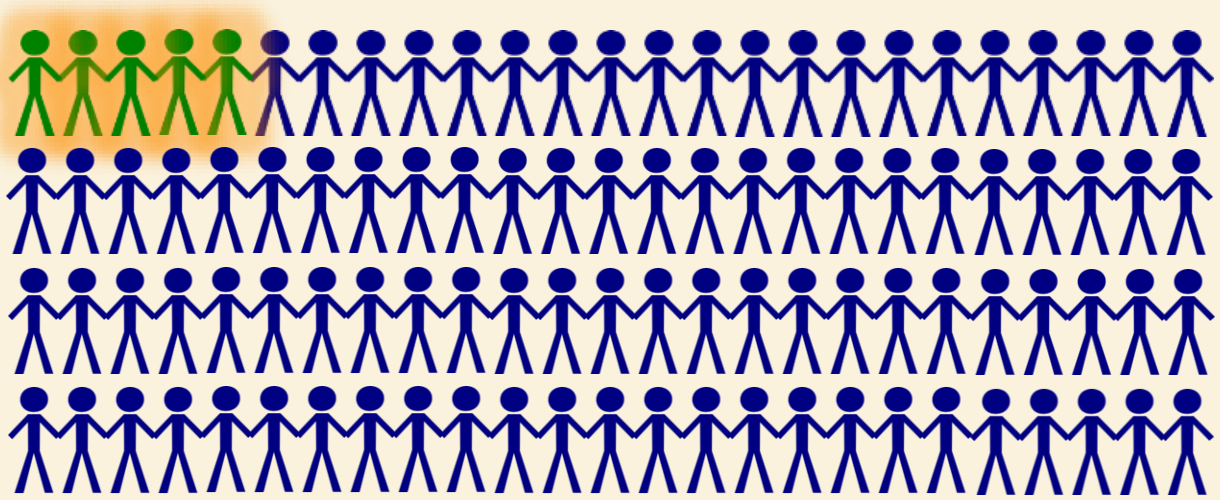
Only 5% of smokers making a 24-hour quit attempt receive any psychosocial treatment



Zhu S, Melcer T, Sun J, Rosbrook B, Pierce J. Smoking cessation with and without assistance: A population-based analysis. Am J Prev Med 2000; 18(4):305-311.

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Behavioral health providers have the required skill set

- You already help your patients with:
  - Problem-solving
  - Coping with difficult situations / emotions
  - Social skills training
  - Making better choices
  - Avoiding high risk situations

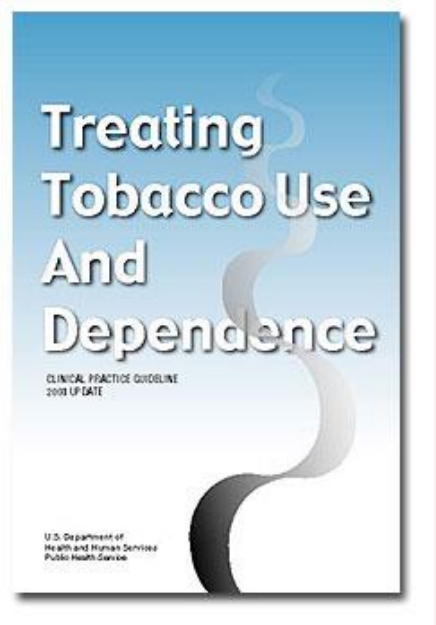
Combined approaches

	Risk Ratio	95% CI	Sample Size	# of Studies
Pharmacotherapy + behavioral interventions vs. Usual care / self-help/brief advice[8]	1.82	1.66 - 2.00	15,021	40
Increased behavioral support + pharmacotherapy vs. Less or no behavioral support + pharmacotherapy[9]	1.16	1.09 - 1.24	15,506	38

8. Stead LF, Lancaster T. Combined pharmacotherapy and behavioural interventions for smoking cessation. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD008286.
9. Stead LF, Lancaster T. Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation. Cochrane Database of Systematic Reviews 2012, Issue 12. Art. No.: CD009670.

Empirical Evidence: Psychosocial approaches

The Cochrane Collaboration
Working together to provide the best evidence for health care



Fiore MC, Jaen CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department* of Health and Human Services. Public Health Service. May 2008.

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Psychosocial approaches

	Risk Ratio	95% CI	Sample Size	# of Studies
Group therapy vs. self-help only[4]	1.98	1.60 - 2.46	4,375	13
Individual Counseling vs. minimal contact control[5]	1.39	1.24 - 1.57	9,587	22
Physician advice to quit vs. No advice / Usual care[6]	1.76	1.58 – 1.95	22,240	26
Motivational Interviewing vs. Brief advice / Usual care[7]	1.27	1.14 - 1.42	10,538	14
Proactive phone counseling (multi-session) vs. self-help or brief counseling[8]	1.37	1.16 – 1.50	24,904	9

4. Stead LF, Lancaster T. Group behaviour therapy programmes for smoking cessation. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD001007.
5. Lancaster T, Stead LF. Individual behavioural counselling for smoking cessation. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD001292.
6. Stead LF, Bergson G, Lancaster T. Physician advice for smoking cessation. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD000165.
7. Lai DTC, Cahill K, Qin Y, Tang JL. Motivational interviewing for smoking cessation. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD006936.
8. Stead LF, Perera R, Lancaster T. Telephone counselling for smoking cessation. Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD002850. DOI: 10.1002/14651858.CD002850.pub2.

Quitline

- Assessment
- Toll-free telephone counseling
- Scheduled calls from “Quit Coach”
- Good for transportation issues
- Empirically supported in general population

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Quitline Concerns

- Phone minutes[1]
- Privacy issues[1]
- Uneasiness with receiving calls[1]
- RCT indicated specialized quitline > traditional quitline for smokers with mental illness[2]

1. Steinberg, Drummond, Williams, Cooperman. Quitline use for smokers with serious mental illness. Presented at National Conference on Tobacco or Health, Kansas City, MO, August 2012.
2. Rogers et al. Telephone Smoking-Cessation Counseling for Smokers in Mental Health Clinics: A Patient-Randomized Controlled Trial. (unpublished manuscript)

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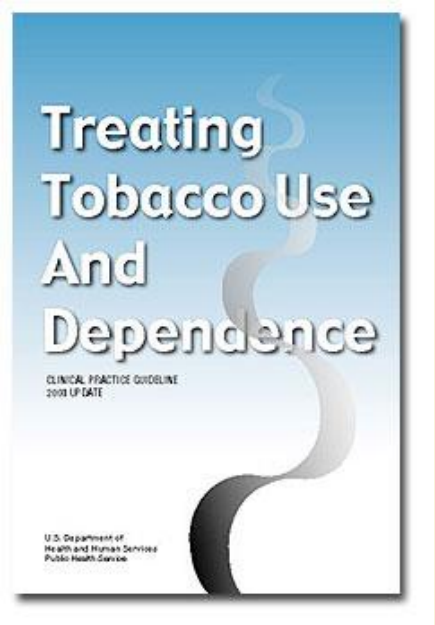
Empirical Evidence: Specific Psychosocial components

- Supportive Treatments
- Practical Counseling



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Supportive Treatment

- Encourage
  - Demonstrate your belief your patient can quit
  - Note all the available options
  - Note that ½ of all smokers have been able to quit
  - Note that you've helped others quit
- Communicate caring / concern
  - "How do you feel about quitting?"
  - "I'm here to help you"
  - "I know this is tough"

Supportive Treatment (continued)

- Talk about the quitting process
  - Learn why patient wants to quit
  - Learn about previous successes
  - Learn about previous difficulties (just enough to avoid them this time)

Practical Counseling

- Provide basic information
  - Addiction, not just a “habit”
  - Withdrawal
  - Meds
- Recognize high-risk situations
  - The treatment program
  - Stress, other smokers, alcohol
  - Smoking paraphernalia, availability of cigarettes

Practical Counseling (continued)

- Develop coping skills
  - Anticipate and avoid temptations & triggers
  - Cognitive & behavioral strategies for:
    - Reducing stress/negative affect
    - Coping with smoking urges
- Choose a quit date and prepare

Prepare for Quit Date

- Education re: medications
- Clear out paraphernalia
- Clean the house / car / clothes
- Plan tobacco purchases carefully
- Tell everyone!
- Disassociate smoking from common activities
  - Coffee → cigarette
  - After meal → cigarette
  - Transportation → cigarette

Quit Date

- Set exact date
  - Possibly after reduction (i.e., flexible quit date)
- Multiple sessions before quit date
- Choose a weekday
- No tobacco use after midnight
- Celebrate quitting
- Check in – early abstinence is important

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Unique Issues for People with Mental Illness

- Persistent psychiatric symptoms
- Poor social skills
- Cognitive limitations
- Difficulty forming a therapeutic alliance

Unique Issues for People with Mental Illness: Psychiatric Symptoms

- Assess psychiatric symptoms each session
- Assess concerns about smoking and their symptoms
- Address symptoms specific coping
- Collaborate with treatment team

Unique Issues for People with Mental Illness: Social Skills

- Drug refusal
- Problem solving
  - Reduce anger
  - Facilitate conversations
- Asking for social support
- Letting family / friends know they are quitting
  - Avoid “Happy Birthday! Here’s a carton of cigarettes”

Unique Issues for People with Mental Illness: Cognitive Limitations

- Take extra time when warranted
- Use repetition
- Assess understanding of topics
- Enhance self-efficacy
  - Cognitive limitations may inflate OR deflate self-efficacy

Unique Issues for People with Mental Illness: Therapeutic Alliance

- Show empathy – quitting is hard!
- Utilize underlying perspective of MI
  - Partnership
  - Acceptance
  - Evocation
  - Compassion
- Use engaging skills of MI

Conclusions

- Too few patients receive psychosocial treatments for tobacco
- Combinations of medications and psychosocial treatments will likely be most effective
- Behavioral health professionals have requisite skills!

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Thank You!

SAMHSA Contacts

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carlton.speight@samhsa.hhs.gov

SAMHSA's Program to Achieve Wellness

For More Information or to Request TA, Contact Us:

Phone: 800-850-2523 | Email: paw@prainc.com

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